Physical Therapy Plan of Care

Assessment/Diagnosis
Assessment
Referring Physician(s):
Date of Plan of Care:
Date of Onset:
Date(s) of Evaluation:
Summary of Evaluation Findings:
Diagnosis
Treatment Diagnosis:
Medical Diagnosis:
Patient Education

Treatment Plan
Long Term Goals
Short Term Goals
Plan of Care
Frequency:
Duration:
Plan:
Treatment Procedures:
Treatment i roccures.
Modalities:
Modalities.
Home Exercise Plan: